

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Barnes Hospital) St. Ward)

File No. 24532
Registered No. 5915
St. Ward)

2. FULL NAME THEODORE H. ZAHNER

(a) Residence, No. St. 17 Ward. St. Mary's, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred = yrs. = mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 6 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 16
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Missouri

13. NAME William Zahner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Christain Lukeluh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Edna Zahner
(ADDRESS) 1476 Goodfellow Ave
18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE July 7, 1933
PLACE

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 1631 Mississippi Ave

20. FILED LL 6-19-33 J. F. Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 19 33

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:
Date of onset

Internal Haemorrhage
from trauma received
when auto overturned
at St. Mary's Mo. 218

Other contributory causes of importance:
Accident. 710

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 4, 1933
Where did injury occur? St. Mary's Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Internal Haemorrhage
Nature of injury Car overturned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. F. Bredeck
(Address) St. Mary's, Mo.

7/6/33

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